

**GREENWOOD COUNTY, SOUTH CAROLINA  
PERSONNEL DEPARTMENT  
EMPLOYMENT APPLICATION**

(Please Print)

POSITION APPLIED FOR \_\_\_\_\_

Greenwood County does not discriminate on the basis of disability in its operations or hiring practices. The County Engineer is the ADA/504 Coordinator and questions may be directed to him at 528 Monument Street, Room B03, Greenwood SC 29646

**PERSONAL**

Date: \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Last First Middle

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Present Address \_\_\_\_\_

Street City State Zip Code

Previous Address \_\_\_\_\_

Street City State Zip Code

Is there any reason why you can't be bonded? \_\_\_\_\_

Do you have any criminal convictions? Y \_\_\_\_\_ No \_\_\_\_\_ If yes list all criminal convictions, guilty pleas, and/or Nolo Contendere

Convictions will not be an absolute bar to employment.

Do you have a valid drivers license? Y \_\_\_\_\_ N \_\_\_\_\_ If yes please provide license number \_\_\_\_\_

Check applicable drivers license Class: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_ F \_\_\_\_\_ CDL \_\_\_\_\_

List skills you possess that would qualify you for this position \_\_\_\_\_

Have you ever worked for an agency that participated in the South Carolina Retirement System? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, were you a member during the full length of your employment? \_\_\_\_\_

List any member(s) of your immediate family who works for Greenwood County. \_\_\_\_\_

Have you ever been employed by Greenwood County? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, dates of employment \_\_\_\_\_

If hired, when could you begin work? \_\_\_\_\_ Will you be available for work on weekends? Y \_\_\_\_\_ N \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

	Name	Relationship
Address		Phone No.

**EDUCATION AND TRAINING**

<u>SCHOOL</u>	<u>NAME/ADDRESS</u>	<u>COMPLETED</u>	<u>DATES ATTENDED</u>	<u>DIPLOMA/DEGREE</u>	<u>COURSES</u>
Elementary _____		1 2 3 4 5 6 7 8			
High _____		9 10 11 12			
College _____		1 2 3 4			
Graduate _____		1 2 3 4			
Other _____					
High School Equivalency Test: Date Passed _____		State Awarded _____			

## MILITARY RECORD

Have you ever been in the U. S. Armed Forces? Y\_\_\_\_\_ N\_\_\_\_\_ If yes what branch? \_\_\_\_\_  
Date of Duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

## EMPLOYMENT HISTORY

List your entire employment history beginning with your most recent employment; account for periods of unemployment. Attach additional sheets if necessary. May we contact your present employer for a reference? Y\_\_\_\_\_ N\_\_\_\_\_

<u>FROM</u>	<u>TO</u>	<u>NAME/ADDRESS OF EMPLOYER</u>	<u>DUTIES</u>	<u>ANNUAL SALARY</u>	<u>REASON FOR LEAVING</u>

## PERSONAL REFERENCES

List below three (3) responsible persons (not former employers or relatives) who have known you for at least five (5) years and will serve as a reference for you.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>OCCUPATION</u>

## PHYSICAL EXAMINATION

I understand that I may be asked to undergo a physical examination in connection with this application which will be provided by the County physician at no expense to me. I further understand that the physical examination will include a test for drug dependency or use and I do hereby consent to such a test.

I hereby certify that the answers given by me to the above questions are true to the best of my knowledge. I understand that any falsification or misrepresentation may result in my being disqualified from consideration or dismissed from the classified service.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Parent's Signature if Applicant is under age 17

**COUNTY OF GREENWOOD'S RECORD INQUIRY**

I hereby authorize and request the Greenwood County Personnel Department, 600 Monument Street, Greenwood, South Carolina to obtain any police records, including the records of arrest, police reports, accident reports and records of convictions including both misdemeanor and felonies, for the purpose of employment. I understand that giving of this authorization and release of this information is a condition of employment and any applicant who does not execute this release shall not be hired or if hired shall not be retained in employment.

In consideration of such disclosure on the part of the above named persons or institutions, I hereby release them from all and any liability arising therefrom and do relinquish and waive any claim or right I might have against them arising from such disclosure and copying.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**TO:**

Any person, organization or agency having knowledge of my conduct or activities; or any past or present employer; or any credit bureau, retail merchants association, bank, financial institution or any other credit extending organization; or any dean, registrar, principal, counselor, instructor or other authorized person at a school (university, college, high school, trade school, or other); or any doctor, hospital, clinic or sanitarium; or any department or agency for City, County, or State Government, or of the Federal Government.

I, \_\_\_\_\_, hereby authorize

Name (type or print)

Greenwood County to conduct an appropriate check including, but not limited to, personal interviews for determination of my eligibility to occupy a position of trust in maintaining the public health and safety. I authorize all persons who may have information relevant to this check to disclose it to Greenwood County or its agents, and I release all persons from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

